

CONCLUSION The value of TnI after PCI was highly related the incidence of short term (6-months) MACE after PCI. Measuring TnI value after PCI might be easy-to-use predictor for post-procedural MACE and patient prognosis.

TCTAP A-069

Admission Low-Density Lipoprotein Cholesterol Is Associated with 30-Day Mortality but Not with Long-Term Clinical Outcome

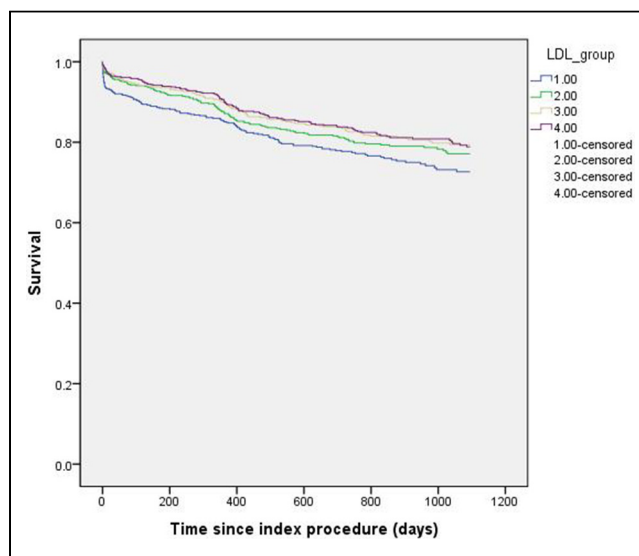
Young Jin Youn,¹ Ji Hyun Lee,¹ Jun-Won Lee,¹ Sung Gyun Ahn,¹ Seung-Hwan Lee,¹ Junghan Yoon¹

¹Yonsei University Wonju Severance Christian Hospital, Korea (Republic of)

BACKGROUND It is well known that low-density lipoprotein cholesterol (LDL-C) is a risk factor for atherosclerosis. However, the relationship between admission LDL levels and clinical outcome in patients underwent percutaneous coronary intervention (PCI) has not been established. The aim of this study was to evaluate the effect of admission LDL-C on short- and long-term clinical outcomes.

METHODS Among patients underwent PCI from single center prospective registry, total 2,638 patients without history of dyslipidemia and with fasting lipid profiles measured within 24 hours of admission were selected for analysis. Patients were divided into 4 groups according to the quartile of LDL-C as: Q1 (<86 mg/dl; n = 655), Q2 (86 to 109 mg/dl; n = 657), Q3 (110 to 134 mg/dl; n = 655), and Q4 (LDL-C >134; n = 671). Primary endpoint was patient-oriented composite outcome (POCO) consisted with any death, myocardial infarction, and any revascularization for 3-year of follow-up. Secondary endpoint was any death at 30 days after index PCI.

RESULTS When compared with other groups, patients in Q1 group were older and thinner. The incidence of hypertension, diabetes, chronic kidney disease, previous myocardial infarction, previous PCI was higher in Q1 group. The incidence of myocardial infarction was similar among groups. Although, the rate of multi-vessel disease and multi-vessel PCI was similar among groups, PCI for chronic total occlusion was most frequent in Q1 group. The POCO was highest in Q1 group (22.3% vs. 19.3% vs. 16.9% vs. 17.3%, log-rank $p = 0.015$; Figure) and mortality at 30 days was also higher in Q1 group (7.0% vs. 3.3% vs. 2.7% vs. 2.4%, $p < 0.001$). After exclusion the patients with mortality at 30 days, the POCO was not different among groups (16.4% vs. 16.5% vs. 14.6% vs. 15.3%, log-rank $p = 0.651$). However, LDL-C was not an independent predictor for both endpoints on multivariate analysis.



CONCLUSION In our registry, low LCL-C on admission was associated with 30-day mortality but not with long-term clinical outcome. However, this finding is related to confounding by baseline characteristics. Thus, more intensive lipid lowering therapy may results in better clinical outcomes.

TCTAP A-070

Impact of Hypertension on 5-Year Clinical Outcomes in Patients with Significant Coronary Artery Spasm; A Propensity Score Matching Study

Byoung Geol Choi,¹ Seung-Woon Rha,¹ Se Yeon Choi,¹ Shaopeng Xu,² Jabar Ali,³ Harris Ngow,⁴ Ji Bak Kim,¹ Cheol Ung Choi,¹ Eung Ju Kim,¹ Dong Joo Oh¹

¹Korea University Guro Hospital, Korea (Republic of); ²Tianjin General Hospital, China; ³Korea University Guro Hospital, Pakistan; ⁴Hospital Tengku Ampuan Afzan, Malaysia

BACKGROUND Hypertension (HTN) is known to be a risk factor of significant coronary artery disease (CAD). However, currently there is no enough available data with larger study population with long-term clinical outcomes of significant coronary artery spasm (CAS) patients (pts) with HTN in real world clinical practice.

METHODS A total of 3,349 consecutive pts without significant CAD underwent acetylcholine (ACh) provocation test and only pts with significant CAS were enrolled. Significant CAS was defined as > 70% of narrowing by incremental intracoronary injection of 20, 50 and 100 µg into left coronary artery. Pts were divided into two groups based on the presence of HTN: the HTN group (n=1,489), the Normotensive group (n=1,860). To adjust potential confounders, a propensity score matched (PSM) analysis was performed using the logistic regression model.

RESULTS After PSM analysis, 2 propensity-matched groups (1,143 pairs, n = 2,286, C-statistic=0.720) were generated and, the baseline characteristics of the two groups were balanced. In clinical outcomes up to 5-year, there were similar incidence of individual hard endpoints including mortality, myocardial infarction, revascularization and recurrent angina requiring repeat coronary angiography. Hypertension was not an independent predictor of adverse clinical outcomes in pts with CAS (Table).

CONCLUSION Despite the expected endothelial dysfunction, hypertension was not associated with a worsening factor for adverse clinical outcomes in pts with significant CAS documented by intracoronary AChprovocation test, suggesting that the mechanisms and risk factors of CAS may be different from those of atherosclerotic CAD.